## School Holiday Camp Payment Sheet



A new form must be used for each player payment.

Please return completed form to Development Coordinator Mark Dobson

(0410 434 224) <a href="mailto:mark.dobson@sarugby.com.au">mark.dobson@sarugby.com.au</a> or fax- 08 8231 8066

Payment Information- This section must be completed for all payment types								
Please Circle:	Development Camp (16th & 17th Apr) or				or	Try Kids Camp (19th Apr)		
Players Name:						Age:		
Parents Name:						Club:		
Mobile/Contact Number:						Date:		
Please Circle:			\$100.00		or	•	\$50.00	
I. CREDIT CARD			Visa:	[ ]	М	astercard:	[	]
Card Holders	Name (plea	ase print):						
Card Number:								
Cardholders	Signature:				Ex Date:			
2. CHEQUE		Chq	Number:					
Please ensure PLAYERS NAME is written on back of cheque.								
Please make cheque payable to: South Australian Rugby Union Ltd,								
PO Box 43, North Adelaide 5006.								
3. DIRECT D	EBIT		Date Paid:					
Bank:	ANZ		Account	Account Number: 6600 000				
Account Name:	South Australia Rugby Union Ltd BSB:					015 225		
Please ensure payment details include Players Name & Camp								
4. CASH	Receipt	: Number:						
	0	n the day:	[ ]	SAF	RU Office:	[	]	
Please advise if your child has any special dietary or medical requirements:								